

Indiana Supreme Court

Scholarship Program

EXPENSE DOCUMENTATION FORM

(To be submitted with original receipts for reimbursement after scholarship has been completed.)

Item	Date	Expense	Amount
Scholarship Application number _____		Total Expense _____	
Additional scholarship/grant received: ____ Yes ____ No		If yes, received from whom _____ Amount of additional scholarship/grant _____	

I have examined the preceding information and attached documents. I certify that these expenses were actually incurred in support of the scholarship program approved by the Indiana Supreme Court.

Court

Judicial Officer Signature

The reimbursement payment will be issued to the County Auditor's office or as per direct deposit instructions.

The direct deposit will be made to information provided on W-9 & Authorization Agreement.
A confirmation of payment will be sent to the Judicial Officer by email or mail.

IJC
Amount approved for payment: _____ IJC Signature _____
Date _____

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